

ARMSTRONG, WESTERMAN & HATTORI, LLP
502 Washington Avenue, Suite 220
Towson, Maryland 21204

DOCKET NO. 03272-PA

DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled GUARDED SURGICAL SCALPEL WITH BLADE STRIPPER LOCK TO PREVENT ACCIDENTAL OR INADVERTENT EJECTION OF THE BLADE, the specification of which

(check one) ☒ [X] is attached hereto,
☐ [] was filed on _____

as Application Serial No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

| COUNTRY | APPLICATION NUMBER | DATE OF FILING (day, month, year) | PRIORITY CLAIMED |
|---------|--------------------|--------------------------------------|--|
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| APPLICATION NUMBER | DATE OF FILING (day, month, year) | STATUS (patented, pending, abandoned) |
|--------------------|--------------------------------------|--|
| | | |
| | | |

POWER OF ATTORNEY: As a named Inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business in The Patent and Trademark Office connected therewith:

LEONARD BLOOM - Reg. No. 18,369
 SAM ROSEN - Reg. No. 37,991

ROBERT M. GAMSON - Reg. No. 32,986

SEND CORRESPONDENCE TO: ARMSTRONG, WESTERMAN & HATTORI, LLP, 502 Washington Avenue,
 Suite 220, Towson, MD 21204, (410) 337-2295

| | | | | |
|-----|-------------------------|--|--------------------------------------|----------------------------------|
| 201 | FULL NAME OF INVENTOR | FAMILY NAME ABIDIN | FIRST GIVEN NAME MICHAEL | SECOND GIVEN NAME R. |
| | RESIDENCE & CITIZENSHIP | CITY Alexandria | STATE OR FOREIGN COUNTRY Virginia | COUNTRY OF CITIZENSHIP U.S.A. |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 5808 Appleford Drive, Alexandria, VA 22310 3712 Pleasant Ridge Road Annandale VA 22003 | | |
| 202 | FULL NAME OF INVENTOR | FAMILY NAME LEHMBECK | FIRST GIVEN NAME Steven | SECOND GIVEN NAME P. |
| | RESIDENCE & CITIZENSHIP | CITY Baltimore | STATE OR FOREIGN COUNTRY Maryland | COUNTRY OF CITIZENSHIP U.S.A. |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 8 Roxburgh Court, Baltimore, MD 21236 | | |
| 203 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | | |
| 204 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | | |
| 205 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE OF INVENTOR 201
[MICHAEL R. ABIDIN]

DATE 9/23/03

SIGNATURE OF INVENTOR 202
[STEVEN P. LEHMBECK]

DATE 9/22/03

SIGNATURE OF INVENTOR 203

DATE

SIGNATURE OF INVENTOR 204

DATE

SIGNATURE OF INVENTOR 205

DATE

SIGNATURE OF INVENTOR 206

DATE

LEONARD BLOOM & ASSOCIATES, LLC
401 Washington Avenue, Suite 905
Towson, Maryland 21204

Applicant or Patentee: ABIDIN et al

Attorney's Docket No. 03272-PA

Serial or Patent No.: To be Assigned

Filed or Issued: Filed concurrently herewith

For: GUARDED SURGICAL SCALPEL WITH BLADE STRIPPER LOCK TO PREVENT ACCIDENTAL OR INADVERTENT EJECTION OF THE BLADE

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) and 1.27 (b)) - SMALL BUSINESS CONCERN**

I hereby declare that I am

☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

| | |
|--------------------|--|
| NAME OF CONCERN | ALB Associates, LLC |
| ADDRESS OF CONCERN | 502 Washington Avenue, Suite 220, Towson, Maryland 21204 |

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed and remain with the small business concern identified above with regard to the invention entitled GUARDED SURGICAL SCALPEL WITH BLADE STRIPPER LOCK TO PREVENT ACCIDENTAL OR INADVERTENT EJECTION OF THE BLADE by inventor(s) Michael R. Abidin, M.D. and STEVEN P. LEHMBECK, described in

☒ the specification filed herewith
☐ application serial no. _____, filed _____
☐ patent no. _____, issued _____

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities.

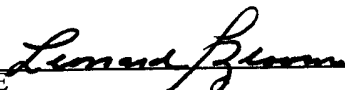
| | |
|--|--|
| FULL NAME | ALB Associates, LLC |
| ADDRESS | 502 Washington Avenue, Suite 220, Towson, Maryland 21204 |
| <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> SMALL BUSINESS CONCERN <input type="checkbox"/> NONPROFIT ORGANIZATION | |
| FULL NAME | |
| ADDRESS | |
| <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SMALL BUSINESS CONCERN <input type="checkbox"/> NONPROFIT ORGANIZATION | |

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

| | |
|----------------------------------|--|
| NAME OF PERSON SIGNING | Leonard Bloom |
| TITLE OF PERSON OTHER THAN OWNER | Member |
| ADDRESS OF PERSON SIGNING | 502 Washington Avenue, Suite 220, Towson, Maryland 21204 |

SIGNATURE



DATE

9-23-03